

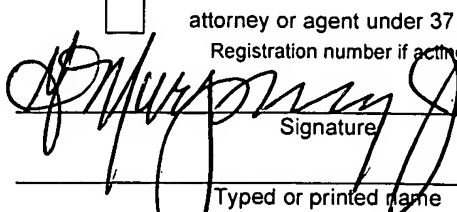


PTO/SB/22 (09-06)

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|---|---|--|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 1912-0320PUS1 | |
| Application Number 10/565,847 | | Filed January 26, 2006 | |
| For OBESITY MARKERS AND USES THEREOF | | | |
| Art Unit N/A | | Examiner Not Yet Assigned | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 \$ 120.00 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 \$ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 \$ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 \$ |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input checked="" type="checkbox"/> | A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | |
| <input type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number _____ | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | |
|  Signature | | <u>FEB 15 2007</u> Date | |
| _____ Typed or printed name | | _____ Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> | Total of _____ forms are submitted. | | 02/16/2007 GFREY1 00000077 022448 10565847 01 FC:1251 128.00 OP |